



# Credit Application

**CadRent, LLC**  
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 Kennewick, WA 99336  
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 FAX: 833-438-0428  
 info@cadrent.com

<b>BUSINESS</b>	BUSINESS NAME/LESSEE:		PHONE:		FAX:		
	ADDRESS (STREET):			CITY:		STATE:	ZIP:
	TYPE OF BUSINESS:		YRS & MONTHS UNDER CURRENT OWNERSHIP:			FED. TAX NO.:	
	WHERE WILL EQUIPMENT BE LOCATED? (STREET):		CITY:	STATE:	ZIP:	STATE OF INCORPORATION:	

<b>OWNERSHIP</b>	BUSINESS STRUCTURE: <input type="checkbox"/> "C" CORP. <input type="checkbox"/> "S" CORP. <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> "LLC" <input type="checkbox"/> PUBLIC					
	PRINCIPAL'S NAME:		TITLE:	% OWNERSHIP:	HOME PHONE NO.	SOC. SEC. NO.:
	HOME ADDRESS (STREET):			CITY:	STATE:	ZIP: <input type="checkbox"/> OWN <input type="checkbox"/> RENT
	PRINCIPAL'S NAME:		TITLE:	% OWNERSHIP:	HOME PHONE NO.	SOC. SEC. NO.:
HOME ADDRESS (STREET):			CITY:	STATE:	ZIP: <input type="checkbox"/> OWN <input type="checkbox"/> RENT	

<b>BANKS</b>	BANK NAME: (MIN 2 YR HISTORY)		CONTACT NAME:		PHONE NO.:	FAX NO.:
	ACCOUNT UNDER NAME OF:		CHECKING ACCT NO.:		SAVINGS/MONEY MARKET NO.:	LOAN ACCT NO.:
	BANK NAME:		CONTACT NAME:		PHONE NO.:	FAX NO.:
	ACCOUNT UNDER NAME OF:		CHECKING ACCT NO.:		SAVINGS/MONEY MARKET NO.:	LOAN ACCT NO.:

<b>INFO</b>	HARDWARE/SOFTWARE TO BE RENTED:		
	COST OF HARDWARE/SOFTWARE:	\$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

By signing below, the undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to CadRent, LLC or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal/business credit profile from a national credit bureau and/or from any bank reference provided herein. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purpose of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. I/we authorize CadRent, LLC to communicate with me/us using any fax numbers or email addresses provided.

**Further, I/we affirm my/our identity as the respective individual/s identified in the above application and that all of the information contained herein is accurate, true and complete.**

**ALL OWNERS MUST SIGN**

**X** \_\_\_\_\_ Date: \_\_\_\_\_ **X** \_\_\_\_\_  
 SIGNED SIGNATURE / TITLE PRINTED SIGNATURE / TITLE

**X** \_\_\_\_\_ Date: \_\_\_\_\_ **X** \_\_\_\_\_  
 SIGNED SIGNATURE / TITLE PRINTED SIGNATURE / TITLE

FOR INTERNAL USE ONLY		Date: _____	CR#: _____
Approved by: _____	REP: _____	SSR: _____	Approved for: _____